



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/24/2015

Business ID: 591407

William M. Gardner

Secretary of State

MKIND, INC.

JAYMIL ERGO & OFFICE SOLUTIONS, 150 DOW STREET - TOWER FOUR
MANCHESTER, NH 03101

ADDRESS OF PRINCIPAL OFFICE:

JAYMIL ERGO & OFFICE SOLUTIONS, 150 DOW ST
MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:

KIND, DIANE
150 DOW STREET T4
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 591407

STATE OF DOMICILE: NEW HAMPSHIRE

SELL, SERVICE ETC ERGONOMIC FURNITURE ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Michael Kind
STREET 150 Dow St., Tower 4
CITY/STATE/ZIP Manchester Nh 03101

TREAS. Michael Kind
STREET 150 Dow St., Tower 4
CITY/STATE/ZIP Manchester Nh 03101

PRES. Diane Kind
STREET 150 Dow St., Tower 4
CITY/STATE/ZIP Manchester Nh 03101

NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Michael Kind
STREET 150 Dow St., Tower 4
CITY/STATE/ZIP Manchester Nh 03101

DIR. Diane Kind
STREET 150 Dow St., Tower 4
CITY/STATE/ZIP Manchester Nh 03101

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

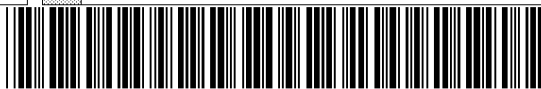
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Diane Kind

Please print name and title of signer: Diane Kind / DIRECTOR
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



059140720151005

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301